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ABSTRACT

The experience of homelessness places great stress on families. Homeless parents in a shelter deal with various stressors in addition to homelessness, causing difficulties in dealing with their children and in developing parenting skills. This report describes a program designed for homeless parents of preschool children temporarily living in a shelter. The shelter and program are part of a non-profit social service organization providing support services to the homeless. Parents were required to attend classes within a parenting program while their children were enrolled in the child care program called the Childcare Center. The Childcare Center serves only homeless children. During the parent education program, the parents became involved and developed a rapport with the teachers and other parents, and both parents and staff responded favorably to the program. The report notes the importance of support networks for families living in poverty, because without social support such as that provided by the Childcare Center, families in poverty move from crisis to crisis. With adequate support, however, families often receive the emotional help needed to maintain their housing, income, and family. The report also discusses the effects of substance abuse in homeless families. The parenting program is now a regular part of the shelter's activities. Appendices include "The Family Risk Scale," the parent program curriculum, and the parent agreement. Contains 33 references. (BGC)

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Building Adult Parenting Skills In A Homeless Population Through A Problem Solving Approach

by

Jonaphine P. Price

Cohort 9F

A Practicum Report Presented to the
Master's Program in Child Care, Youth Care, and Family Support
in Partial Fulfillment of the Requirements
for the Degree of Master of Science

NOVA SOUTHEASTERN UNIVERSITY

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Abstract

Building adult parenting skills in a homeless population through a problem solving approach. Price, Jonaphine P., 1995: Practicum Report, Nova Southeastern University, Master's Program for Child Care, Youth Care, and Family Support. Descriptors: Early Childhood/At Risk/Parent Participation/Single Parents/Substance Abuse/Homeless Parents/Homeless Stressors.

Homeless parents in a shelter setting are dealing with various stressors as well as homelessness. Because of these stressors, parents have a difficult time in dealing with their children and developing good parenting skills.

The author designed a parenting program in the shelter for the parents of the preschool children. The parents were required to attend the classes while their children were enrolled in the childcare.

The responses of the parents and staff to this program were favorable. The parents became involved and developed a close rapport with the teachers and the other parents. The program is now a regular part of the shelter's activities.

Authorship Statement

I hereby testify that this paper and the work it reports are entirely my own. Where it has been necessary to draw from the work of others, published or unpublished, I have acknowledged such work in accordance with accepted scholarly and editorial practice. I give testimony freely, out of respect for the scholarship of other workers in the field and in the hope that my own work, presented here, will earn similar respect.

June 2, 1994 — Josephine Rios

Date — Signature of Student

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Chapter 1
Introduction

This chapter contains a description of the physical setting in which the practicum will take place. Also included are the various programs in the setting and the students role in regards to the programs.

The Setting

The setting for this practicum is a non-profit, social service organization with three major programs that work with the homeless population. The organization also consists of three ancillary programs that provide support services. The Personnel in the Outreach Program work with "street people" by providing: a soup-line at breakfast and lunch, mailing addresses for those who need that service, a voter registration office, counseling services and referrals to other agencies, and emergency food and clothing. Manna House, the second ancillary of service program, deals with homeless men who have substance abuse problems. This drug rehabilitation program is set up for a three month time span. The single men live on site, attend classes, and receive counseling. The final service program is the Family Care Center. This facet of the organization deals with homeless families. They live at the agency's shelter (up to two months), receive counseling, referrals, and have access to a licensed childcare facility on the premises.

Other programs designated to assist in the operations of these service programs are the Thrift Store, Food Services Program, and

the Volunteer Program. The Thrift Store is located in a poor neighborhood and because of the low prices at the Thrift Store, it enables the local population to purchase needed items without asking for handouts. The Food Services Program provides all the meals to our soup-line as well as to the men in the Manna House Program and the families at the FCC (Family Care Center). Our Volunteer Program recruits and trains volunteers to assist paid staff in their functions in the various programs.

The Childcare Center, located in the FCC, is the physical setting for the proposed parent program. It was built in January 1991, to provide quality child care to the children of homeless families living in this emergency shelter. This shelter was founded by thirteen downtown Tampa churches in 1986 and is managed and staffed by professionals familiar with this "at risk" ("at risk" will be used interchangeably with the term "homeless" to describe this population) group of people.

The Childcare Center is unique in that it serves only homeless children. Our target population consists of homeless children (0-5 years of age) from dysfunctional families who lack a stable environment. Parents who use the Family Care Center's childcare must meet certain eligibility requirements. These requirements include:

1) living at the center,
2) providing documentation of shot records and/or a physical (shot records can be waived for a period of two weeks),

3) agreeing to help with the cleaning of the Childcare Center for two hours per week as payment for using the center,
4) agreeing to follow the rules and regulations set forth by the County Childcare Licensing office regarding "sick children".

On average, the children stay in the childcare four to four and one-half weeks. The program puts strong emphasis on language development and life and social skills. Because most children are in the childcare center for such a short period of time, only the initial efforts are made to improve their developmental skills. All children that are in the program are developmentally assessed.

It is recognized that in all stages of learning, children must know what to do if learning activities are to be effective. The curriculum in the Childcare Center is developmentally appropriate for this population of homeless children. Play is used to stimulate "real-life" situations (i.e. going to work, going to the store, cleaning the house, etc.) and language in many forms is incorporated throughout the day to stimulate cognitive skills. An attempt to narrow these gaps in language skills is made through teacher-child, volunteer-child, and child-child interactions. With words we define, explain interpret, direct, question, and praise. These children are provided with an environment that is positive, comfortable, welcoming and safe. The Childcare curriculum helps these children to develop simple social skills as well as basic life skills (i.e. dressing, brushing their teeth, or fixing simple food).

While there is an extensive program for the children, at the present time there is no program incorporated in the childcare to assist the parents in developing the skills necessary to develop positive parent and child interactions.

The Childcare Center is licensed through Hillsborough County to serve a maximum of thirty children at any one time. It is accredited through the National Association for the Education of Young Children (NAEYC). The staff consists of a supervisor, five full-time teachers, and one part-time childcare assistant.

The Supervisor of the program focuses primarily on the administration of the program and the paperwork associated with the various grants which help fund the program. The supervisor is also responsible for the hiring and firing of personnel. This position is necessary to insure consistency in the quality and philosophy of the staff and the continued wellbeing of the children.

The Coordinator of the Childcare is responsible for the daily operations of the facility. This staff person is involved with the initial meeting with the parent(s) and handles any problems the parents experience while using the Childcare Center. The Coordinator also keeps records for the United States Department of Agriculture (USDA) grant and other grants dealing with the Childcare Center. Updating all the children's files, following NAEYC guidelines for childcare centers. Ordering food for snacks and organizing field trips are also the responsibility of this Coordinator.

The Head Teacher is responsible for the Childcare Center whenever the Coordinator is unavailable. Each morning upon entering the center every parent is greeted individually and each child is examined to determine their state of health. At the end of the day each parent is again greeted and concerns or events of the day are then reviewed with the parent. The Head Teacher is responsible for staff problems and supervises activities to ensure developmentally appropriate materials are used with the children.

The Senior Assistant is responsible for the toddler (2-3 years) classroom. This person provides planning for this age group, supervises the supply cabinets and informs the Coordinator of Childcare when supplies are needed. The Senior Assistant evaluates all children in the Childcare Center using the Denver II (a developmental assessment tool) Screening test. Appropriate lesson plans are developed for the children and referrals to other agencies are made when necessary. Parents receive information about evaluations and the Senior Assistant will discuss any concerns or questions that individually the parents might have.

The three other staff members function as support staff. They work with the children individually, carry out lesson plans, set up snacks, or perform duties that the supervisor and head teacher deem necessary.

Because of the importance of maintaining a high quality program, all of the staff are required to complete Child Development Associate (CDA) training or an equivalency program. This not only insures the high quality of the program, but

increases and maintains the professionalism and teaching skills of the staff. Four of the teachers have received their CDA certificates and two of the teachers have begun attending a local junior college.

The Childcare Center is closed one day a month for staff training and development. They attend meetings at other agencies, other childcare centers, and state, regional and national conventions. All staff are required to have a current Red-Cross card as well as current CPR and Infant CPR training.

Program evaluations are done every six months. The Infant-Toddler Environment Rating Scale (ITERS) and the Early Childhood Environment Rating Scale (ECERS) are used to evaluate the environment and to correct any problems that are evident in the standards set by these instruments. Process objectives that are determined by a county grant are also evaluated in the program every six months. These objectives include the number of children served, a report of demographics of the childcare center population by age, sex and ethnic diversity, screenings done for developmental delays, activities that have promoted parental involvement, staff development, and collaborations with other agencies.

Student's Role

At the beginning of my employment with this organization, I served as the Supervisor of Childcare and the Children's Activities Program. Two years later, I was promoted to the position of Program Manager at the Family Care Center. This position involved a more supervisory role and more contact with the family as a unit.

The FCC Program Manager is responsible for the supervision of all FCC staff, is aware of various community resources, is responsible for the implementation of all policies and procedures, directs all FCC programs (including Childcare, Children's Activities, Counseling, etc.), maintains statistics on the families, assists with public relations, and plans overall programs. After serving in this position for over a year, I was again promoted to my current position, Director of Programs. The Director of Programs is accountable to the Assistant Executive Director. (See Appendix A). The primary duties of this job are as follows:

1) supervision and evaluation of all program managers,
2) evaluation of the effectiveness of each program and direct changes as needed,
3) oversight of the management of all programs,
4) oversight of staff development in all areas,
5) development of materials to be used for program implementation and information
6) liaison with agencies throughout the community that provide support for the homeless and disadvantaged.

My role in this organization, is to focus on new programs, or ways to improve existing programs. Due to the transience of the population the staff works with and the necessity for providing these families with service interventions, the staff and managers go through specific trainings on how to work with this specific group of people. It is the job duty of the Director of Programs to

address any concerns that are noted by families living in our facilities or staff members who work in the various program areas.

As Director of Programs, I have the authority to implement new programs or new policies that will enhance the quality of existing services. I have worked extensively with other agencies in the community to address problematic issues that are prevalent in the homeless population. Colleagues in other agencies have agreed that the concept of incorporating a parenting program within the childcare is a viable need in the community. All agreed that it would be a feasible approach to teach parenting as the families were living in the shelter so were available for classes at various times during the day. With the assistance of other professionals, the knowledge base for this type of program can be expanded and improved. It is hoped that this model will be useful to other agencies in developing strategies to use with this "at risk" homeless population.

Chapter 2
The Problem

Erosion of the two parent family structure and a marked increase in female-headed families is a major problem faced by communities today. Single parents are six times more likely to be poor as two-parent families, and this has severe effects on the parents as well as the children. Growing up poor, as well as homeless, leads to inadequate education, few marketable job skills, poor health and low self-esteem (Bassuk, 1989). "The experience of homelessness places great stress on families as a whole, and children in homeless families may be at greater risk of abuse and neglect than similar domiciled children (Robertson and Greenblatt, 1992, p. 278).

Problem Statement

The problem faced by many homeless families is the lack of appropriate parenting skills. Observations suggest that "homeless" parents interact with their children inappropriately, using abusive language, negative discipline, and physical abuse. The family environment is crucial in affecting a young child's psychosocial and cognitive development. Homeless parents face many stressors that create conflict within the family and because of these stressors, families lack the skills to deal with these obstacles.

Crucial parenting behaviors encompass "the emotional bonds and relationship with the child, the provision of a secure base which facilitates exploration and provides comfort, the example of models of behavior and attitudes, the provision of stimulation

experiences, discipline and the shaping of behavior, and a communication system" (Rutter and Made, 1976, p. 27).

Documentation of the Problem

The family is a system that transacts with its environment. All families are formed by the "historical, social, cultural, economic, and political context in which they exist" (Germain, 1991, p. 124). When anxieties are low, families interact more normally, in the sense of being symptom-free. When anxiety increases and remains high, tensions develop in the relationship and symptoms of dysfunction begin to evolve (Walsh, 1993).

Who Are the Homeless Families?

The Children's Defense Fund characterizes a typical homeless family as composed of "a single female head of household with more than one child. Their report cites an increase in the number of women and children seeking shelter, as well as a recent increase in two-parent families seeking shelter" (Robertson and Greenblatt, 1992, p. 232).

The ethnic background of homeless families varies regionally, with minority families dominating in the inner cities and white families elsewhere (Bassuk, 1990). These families and the children are more than homeless. They lack adequate education, health care and job skills. Today's homeless families tend to be headed by a single mother raising her children on her own (Nunez, 1994). The average age of the homeless mother is twenty-seven. Many lack a high school degree, have poor work skills, are long time Aid to Families with Dependent Children (AFDC) users, and have made many

moves before becoming homeless. Most of these families have few people to turn to for help: they lack family supports or community ties. The children in these families are spending their formative years on the streets without the basic resources necessary for normal development. Most of the children are five years old or younger (Bassuk, 1990).

Problems Associated With Chronic Poverty and Stress

Half of these families are living below the poverty level. All families with reduced or fixed incomes face problems in the housing market, but families headed by women are particularly at risk (Bassuk, 1990). According to Schutt and Garrett (1992), "homeless persons have very limited economic resources to use....in improving their residential circumstances" (p. 10). Few of the homeless are employed at any one time, therefore,welfare benefits constitute a more common source of income. However, many of the homeless population have no discernible source of income (Schutt et al., 1992).

Most homeless mothers are "raising children alone and have inadequate social supports. Some homeless mothers have been abused as children, have been battered as adults, have suffered psychologically and economically impoverished childhoods leading to low self-esteem and self-efficacy, and are substance abusers" (Bassuk, 1992, p. 9). Younger and less educated than other homeless adults, the single mothers often have had a long history of economic and residential instability and severe stress (Schutt and Garrett, 1992; McHenry and Price, 1994). "One third of

homeless mothers interviewed in a Massachusetts study had been abused as children; two thirds reported a major family disruption; two thirds had minimal or no supportive relationships (Bassuk, 1990, p. 7).

Typical families in this group are single mothers with two or more children. They have less than a high school education and little or no work experience. Their lives are usually measured from crisis to crisis, and this is not a new pattern. They are long term recipients of AFDC and have little hope of finding work because of their lack of education, job skills, and work experience (Robertson and Greenblatt, 1992).

Poverty, combined with the other stresses found in single-mother families increases poor parenting practices and this, in effect, begins to cause antisocial behaviors in the child. Single mothers are more ineffective in their discipline practices, using more commands, negative behavior, and more dominating and hostile styles. Again, many of these problems can be traced to diminished financial resources and lack of supports (Bank, Forgatch, Patterson, and Fetrow, 1993).

These single mothers are also apt to manifest psychological distress and engage in unskillful parenting practices. Women who are depressed do not parent well. There are several causes of emotional disturbance and inept parenting. Exposure to negative events and lack of social supports increase the probability that individuals will manifest psychological distress. Mothers in a lower socio-economic group are more likely to experience negative

events and have inadequate social supports. Low income and the economic hardship that follows, increases the likelihood of experiencing negative life events. The lack of education reduces the chances of having access to social network support. "These reduced means serve to increase exposure to stressful events while limiting the availability of important coping resources, with the result being psychological distress and inept parenting" (Simons, Beaman,Conger, and Chao, 1993, p. 395). When a social support network is involved with the family, there is an effect on the quality of parenting (Simons et al., 1993).

The Influence of Poor Neighborhoods on Families

Over the last twenty years, people with low incomes have become more likely to live in metropolitan areas and in neighborhoods with high concentrations of low-income people (Klebanov, Brooks-Gunn, and Duncan, 1994). Studies have begun to look at how neighborhoods influence families, especially parents, and how parents then influence their children. Homeless families, because of their lack of income, must move into these neighborhoods. This compounds their problems. These family conditions create stresses in their lives and this in turn effect how the parents behave toward their children. Since single parent households are prevalent, conditions produce "social isolation". This, in turn, creates a lack of coping behavior, self-efficacy, no problem solving skills as well as poor parenting behavior, lack of organization of the household, and no provision of learning experiences for the children (Klebanov et al., 1994). Poor

families have to deal with "a greater number of daily stresses which over time weaken their ability to handle subsequent stress" (Klebanov et al., 1994, p. 442). As stated previously, these poor neighborhoods influence maternal characteristics (mental health, coping behavior, social support) and maternal child-directed behavior (the physical environment of the home, the learning experiences, and the parenting skills of the mother).

The Effects of Chronic Poverty on Families

Considered with poor neighborhoods are the harmful effects of poverty. Poverty strongly predicts the levels of stress experienced by the parent. Evidence consistently indicates that parents transmit their distress and concerns to their children "by becoming more rejecting and by using harsh and inconsistent discipline" (Mcleod and Shananan, 1993, p. 353). This rejection and harsh discipline, in time, causes behavior problems, moodiness, low self-esteem and poor goal orientation among children (McLeod et al., 1993). In other words, the harsh, unresponsive behaviors of the poor mothers create high behavior problems among the children.

Why should the persistence of poverty matter? Studies have shown that "poor parents are more punitive toward their children....because poor parents experience relatively high levels of stress. Chronic economic deprivation increases the stress that families face" (Kruttschnitt, McLeod, and Dornfeld, 1994, p. 300). The chronically poor family often lives in inadequate housing, has transient lifestyles, and lacks the skills to change their

conditions. As a result, the parent's emotional and material resources are overwhelmed, and they are unable to respond to children in supportive ways. Second, the length of time spent in poverty is related to the risk of recurrent abuse. "In this respect, the data support theorists who argue that macroeconomic conditions influence children through parenting behaviors" (Moen, Kain and Elder, 1983, p. 241). Moen et al. (1983) state that "long-term impoverishment better explains subsequent abuse than current impoverishment" (p. 241). Violence does occur at all income levels but it is more often repeated among the consistently poor.

Whatever the underlying events in the formation of the single-parent family, this family unit is shown to be more susceptible to a lack of family resources, environmental stress, and a lack of social network resources. Single mothers who live in poverty are more susceptible to depression. This may cause the mother to abdicate her parental role through substance abuse or desertion (Belle, 1982). There is a link between stressful life circumstances and adaptive functioning that is affected by family resources, its coping responses to stress and the social network available to the family. "A child's need for coherence, structure, and predictability - almost impossible to meet when the adults around him are caught up in a chaotic struggle for survival -is similarly amenable to intervention" (Schorr, 1989, P. 151).

Transitional states marked by instability in a families' environment increase the probability of child maltreatment. A

family is an ecosystem that reacts with its habitat. Under normal conditions, this group is in equilibrium and able to cope with its resources to outside stress. When the family cannot gather those resources, stress will occur, and conflict and violence become more likely (Burgess and Youngblade, 1988).

Effects of a Lack of Supports on Homeless Families

All families rearing children need support, and without that support families cannot function effectively. Schorr (1989) states that a large body of research now shows the importance of support:

1) Unusually high rates of child abuse is found in families with few social supports.
2) Adolescent mothers who have not completed high school, are unemployed, and have no support groups are indifferent, hostile and rejecting of their child.
3) A consistent amount of maternal social support encourages a stronger infant-mother relationship at twelve months.
4) Being brought up by a single mom leads to more behavior problems by the child.

Support can come from informal networks of friends and neighbors or formal networks such as social workers or daycare centers (Schorr, 1989). Formal supports protect people from an amazing variety of pathological states - including destructive family functioning. For example, poor mothers with no social supports are less developmentally appropriate with their children and more inclined to use punitive punishments. The inability of these moms to respond appropriately to their children can be linked

to a lack of social supports, poverty, and the skills transmitted to them by their parents (Fagan, 1993).

What is social support? "Social support is given when people provide material or instrumental help, offer information and guidance, and give feedback and reassurance" (Pilisuk, 1982, p. 25). Social supports are often taken for granted. It is difficult to imagine having no one to rely on in a personal or economic crisis. These social supports not only improve stress once crisis occur, but also prevent crisis. "Research has shown that supports foster the integrity of families and the healthy development of children, and that they improve both mental and physical health" (Zigler and Weiss, 1985, p. 168).

Some homeless families have never developed adequate support networks, and others have experienced a gradual erosion or loss of their supports. "In a study comparing sheltered homeless mothers with poor housed mothers, the homeless mothers had significantly fewer supports" (Bassuk, 1990, p. 83). Because of this lack of support, many parents felt that a minor child was their major source of support.

For homeless families living in poverty, the absence of adequate support networks has severe consequences. As stated previously in this paper, this population then moves from crisis to crisis. With adequate support, families in crisis often receive the emotional help needed to maintain their housing, income and family.

The Effects of Substance Abuse in Homeless Families

Substance abuse has been recognized as a growing problem among homeless families. Substance abuse interferes with children's healthy development and is associated with family violence. "When combined with the condition of homelessness, substance abuse can be devastating to all family members" (Weinreb and Bassuk, 1990, p. 129).

Estimates of substance abuse rates among homeless mothers range from 9% to 25% (Anderson, Boe, and Smith, 1988; Bassuk, Rubin, and Lauriat, 1986; Mills and Ota, 1989). "Although systematic studies have not determined the prevalence or severity of addictions among homeless mothers, anecdotal information suggests many homeless mothers sheltered in inner cities nationwide are abusing drugs, especially alcohol and 'crack'" (Weinreb and Bassuk, 1990, p. 129).

When substance abuse is placed in the context of homelessness, medical and physical problems that families face are even more complicated. Over 40% of family violence in this population is associated to substance abuse. Children in substance abusing families are at a high risk for serious abuse and neglect (Weinreb et al., 1990). Once in a shelter, the homeless family experiences many stresses and turn to drugs to alleviate these problems. Needless to say, mothers with drug abuse problems, homeless or not, have a difficult time providing consistent care and responding appropriately to their children.

Weinreb and Bassuk (1990) state that substance abuse in homeless families causes:

1) impaired family functioning and the inability to parent,
2) compromises the child's medical, developmental, psychosocial problems,
3) increases family violence, and
4) increases the likelihood of child abuse and neglect.

The patterns of the families living in shelter correspond to the literature reviewed. There is an underorganization in the family system or an inability to cope with the stresses inherent in their environment (Aponte, 1976). These families lack the skills to change their lifestyles, and therefore, adopt a "do nothing" approach.

This "do nothing" approach includes low participation in some of the services offered by the shelter. This "at risk" population does not want to agree to participate in programs because this requires time, effort, and commitment (Lengua, Roosa, Schupak-Nueberg, Michaels, Berg, and Weschler, 1992).

It is necessary, in order to break the cycle of ineffective parenting, to offer services that address the needs and concerns of that population and includes the parents and children (Lengua et al., 1992).

Observations in the Family Care Center by Staff

Homelessness is not a mere lack of shelter, but is symptomatic of the myriad of problems in individual lives. The homeless population housed at the Family Care Center is heterogeneous in

nature. The staff works with single homeless individuals; males and females with children; traditional two-parent families; grandparent-headed families; legal guardian families, and others. The families at the Family Care Center have average incomes of less than $150 per month, have a weak support network of families and friends, and many have serious substance abuse problems.

Observations made by the staff at the Family Care Center shelter show the effect of stress and economic deprivation on parenting skills. The majority of parents living at the Center use corporal punishment, harsh language, and negative discipline inappropriately. Overall, these parents are subject to a host of stress-related symptoms that have been shown to lower parental competence. These families have "poor parenting skills, poor problem-solving abilities, unrealistic expectations of their children, extremely high standards for themselves as parents, and a tendency to attribute malevolent intentions to their children" (Lloyd and Emery, 1993, p. 131). As stated previously in this chapter, two main causes consistently emerge: economic stress and a lack of social supports.

Analysis of the Problem

What is now recognized by homeless service providers, homeless advocates, researchers, and government officials is a greater depth and diversity of the problems of the homeless than initially perceived. Homelessness is not a mere lack of shelter, but a combination of poverty, lack of social supports and substance abuse. The recognition of the diverse needs of the homeless has

led to more comprehensive and multifaceted programs. It is also recognized that the most effective means of service delivery begins at the local level.

The complexities of today's families demand a more comprehensive model for quality service to children and families - one that is sensitive to each individual family member while meeting the needs of that family.

These parents have long described how the high stresses associated with poverty, moderate to severe disability, and substance abuse disempower them. Disempowering forces include hostility from the mainstream population; a constant time-consuming and sometimes unsuccessful scramble to find the resources they need; lack of support; and dependence on professionals, some of whom may be helpful and some of whom are distinctly unhelpful (Pizzo, 1993).

Child care centers can be expanded to help families better cope and learn to problem solve within their own family systems. "Parents should feel that their occupational, interpersonal, parenting and health needs can be discussed safely and can receive some tips or tools on how to function better (Briar, 1989, p.11).

If these homeless families are to benefit from intervention services, we need to begin enrichment programs as soon as they enter shelter. The parents that need intensive interventions have children who are growing up in persistent poverty, poor

neighborhoods, homeless families, substance abuse families, and with an isolated parent (Schorr, 1989).

The intent of this practicum project will be to develop and implement a parenting program within the Childcare Center. This approach will provide opportunities for the parents who live in the shelter to enhance their parenting skills through the use of a program designed to assist at risk parents. If intervention is not provided at some point, the cycle will continue with the children.

Chapter 3
Goals and Objectives

It has been established that "at risk" homeless families lack adequate education, health care and job skills. Over half of the families are living below the poverty level. These families have few or no social supports. These problems, combined with other stresses, increase poor parenting practices.

In order to meet the needs of such a transient population that is already experiencing difficulties, parenting education should be designed to reduce damaging child rearing practices by introducing other modes of positive behavior. The homeless parents of young children form the majority of our population. These parents show a higher stress level than other high risk populations. Combine the stress of poverty, lack of housing, poor education, and the lack of job skills, then these parents begin to lose all sense of control over the children, events and actions in their lives.

Parent education should be designed to reduce damaging child practices by introducing other modes of behavior. Although parent education generally focuses on benefits to the children, the effects of the parents' behavior should not be overlooked. Homeless parents of young children show a higher stress level than any other group except single mothers (Bassuk, 1990). The reduction of stress for these parents in their interactions with their children and the teaching of parenting coping skills would have an impact on many areas of their lives. The problem outlined in this practicum proposal has been identified as a lack of appropriate parenting skills within this population.

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Goals and objectives developed to impact this problem must meet the needs of the parents as well as the needs of the children. The goal of this practicum can be stated as follows: To provide an opportunity for parents to develop and enhance child rearing practices by introducing and teaching other modes of behavior. This is accomplished through a twofold approach which is directed both at the child and the parent. The skills given the child at the Childcare Center are to help the child prepare a positive self-image and to develop a sense of control over his/her life. As this is an emergency, short-term program, priority for the children is placed on the development of a positive self-image and sense of control through the use of developmentally appropriate activities and flexible academics. Emphasis is also placed on the child's emotional development and helping the child develop positive, trusting relationships with adults. A cognitively oriented preschool program is used to facilitate this.

This Childcare Center program offers hope for the parents by providing them with the tools they need to effectively raise their children. By requiring parent involvement, the program serves as a supportive, understanding and educational resource for them, maximizing the use of role modeling and encouraging positive parent/child interactions. The Childcare Center will also help the family with any community services which may be needed.

The objectives for the parent program are as follows:

1) To increase the ability of the families to reach out and access social supports. The parenting classes will teach

them the basics on how to begin developing social supports. On exiting the program, the families will be offered transition counseling. Those entering the transitional program will be demonstrating their abilities to access further support systems.

2) To reduce the risk of negative family conditions within families. This will be measured by the Family Risk Scale (Appendix B). This scale emphasizes parental characteristics and family conditions that are believed to be predictors or precursors of child maltreatment or other harm to children.

3) To increase the knowledge of community resources available to the families and to increase their knowledge on how to access these services. This will be assessed using a Pre and post test (Appendix C).

4) To increase the number of times parents interact in a positive manner with their children. This will be done using Event recording of positive parental behaviors (Appendix D) for a period of 5 minutes. Measurement will be done with a baseline measure compared with the same measure used at the completion of the classes.

Chapter 4
Solution Strategy

Based on a review of the literature in regards to parenting programs, a number of approaches, models, and programs were identified.

Schorr (1989) stated that "Programs that are successful in reaching and helping the most disadvantaged children and families typically offer a broad spectrum of services" (p. 256). These programs see the child in the context of the family and see the family in the context of their environment. Successful programs must be flexible in their approach - interventions cannot be applied uniformly (Schorr, 1989).

Existing Programs, Models, and Approaches

One such program was the Perry Preschool Program, begun in 1962 in Ypsilanti, Michigan. The children in this program were from families who had incomes below the poverty line,lived in one of the worst congested slum areas, and their IQ's were between 60 and 90. "Almost half of the children lived in single-parent homes and fewer than 20 percent of the parents had completed high school"(Schorr, 1989, p. 194). This program was designed to help children acquire intellectual and social skills that would aid them in school. Teachers also visited and worked with the parents for one and a half hours each week. This program utilized more than one component to meet the needs of both the children and the parents.

Another example of a program that offered a spectrum of services was one in Brookline, Massachusetts. This program

provided "parent education and support, periodic health and developmental exams during the first five years of the child's lives, and a group care and preschool education starting at the age of two, to a heterogeneous group that included a substantial number of poor families" (Schorr, 1989, p. 202).

This particular program was able to find out about the effects of interventions at "different levels of intensity" (Schorr, 1989, p. 202). While children of more educated families benefit from interventions at all levels of involvement, the children from less educated families benefited only from the more intensive intervention, which included outreach programs and attention to a much broader range of needs (Schorr, 1989).

Conventional parenting education, which brings information concerning child-rearing practices to middle-class parents, is often irrelevant to "at-risk" and seriously disadvantaged parents. "The mother who needs the most help with parenting - because she is alcoholic, depressed, or under serious economic stress, or was profoundly neglected during her own childhood - is unlikely to find the information offered by most parenting classes very useful" (Schorr, 1989, p. 262).

Few existing programs respond effectively to the wide range of problems these homeless families face. Although it is not ideal to deliver these services while a family is homeless, with assistance, families can begin to work through overwhelming difficulties and develop new strengths and coping skills.

Several existing programs specifically target this "at risk" population. The Family Enhancement Program located in Madison, Wisconsin is one such program. This program was designed to provide a broad spectrum of services to parents and children. These services included parent workshops and support groups, a multicultural family resource center, assisted families in targeted neighborhoods building family support networks, and an interracial family network. This program also offered extensive parenting classes through formal classes as well as role modeling (Family Enhancement News, 1994).

A local parenting program that meets the needs of both parent and child is one that is operated by Mary-Martha House, a homeless shelter in Ruskin, Florida. This program works specifically with homeless single mothers and their children. While living at the shelter the mothers are required to attend intensive parenting classes as part of their program. The curriculum includes practical experience as well as active participation in the parenting classes. The parents watch video tapes of parent/child interactions, do role-play exercises, and observe parent-child pairs. The parents receive positive reinforcement and praise concerning their growing parenting skills. This program also helps the mothers to plan and realize their employment and educational goals. The curriculum covers the area of parental self-esteem, utilizing community resources, behavior management, child development from birth to age twelve, and safety, home health and first aid. This is an emergency shelter, but due to the time the

mothers are allowed to stay in the shelter, the course runs for nine weeks (M. Williams, personal communication, July 27, 1995).

The Rainbow Program is another local program that deals with "at risk" families and is operated by the Child Abuse Council in Tampa, Florida. This is a program designed for the prevention of abuse and the rehabilitation and treatment of abusive families. For the parents, the program provides both immediate relief from the pressures which lead to abuse and support in times of crisis. It also provides for the parents of these children a therapeutic group experience. This experience serves to lessen the threat of the one-to-one therapeutic relationship and provides a homogeneous group which helps to diminish the parent's feelings of guilt and isolation in their problem. The Rainbow Program provides a structured and mutually supportive atmosphere for the airing and exploring of emotionally difficult areas of early childhood development and care and provides a constructive model for parent/child relationships. In addition to groups, parents are seen on an individual basis, allowing them to identify and resolve problem areas which are of priority to them.

As this program is short-term, four to five months, priority is placed on the development of positive, self-image. The services of this program are available without fee to any abused child in Hillsborough County and his/her family. The majority of families serviced by the Rainbow Program are low income families with many receiving AFDC.

The Rainbow itself is not able to address all of the problems facing the abusive family. Therefore, an important part of the treatment plan involves utilizing and connecting the family with the services of other community resources.

As the families complete their five month program session, a progress report is discussed with the Co-ordinator. A graduation ceremony from the Rainbow Program takes place both for the parents and the children (F. Chapin, personal communication, August 4, 1995).

An interesting observation concerning the programs that help high risk families make changes in their lives is that these programs have many aspects in common. All of these programs offer a variety of services that are comprehensive and intensive. The programs examined have a highly professional staff and many include well-trained paraprofessionals. All use their skills from their occupation as well as child development in order to establish an atmosphere of trust and confidence with these families (Schorr, 1989).

Solution Strategy

It was obvious that there was a lack of parenting programs for homeless families. Because of the transience of the population and the inability of agencies to track these families, it was difficult to provide them with the types of intensive interventions they needed to break this dysfunctional life style.

In an attempt to meet the needs of these homeless parents, a parenting program was developed that focused many of its resources

on helping parents learn positive approaches to child rearing that would have the greatest influence on their children during these first five years. A childcare program is not comprehensive if it does not incorporate the parenting component. It is impossible to effect changes with the parents without including them in a childcare program. The FCC Childcare program offers hope for the parent by providing them with the tools they need to effectively raise their children. By requiring parent involvement, the program serves as a supportive, understanding and educational resource for them, maximizing the use of role modeling and encouraging positive parent/child interactions. The premise of the program was that a parent's participation in it helped to prevent the development of emotional, and possible, learning problems in his/her children. As part of this goal of prevention, the program aimed to help new parents in a number of ways:

1) Develop the ability to find appropriate social supports.

Action Plan: Develop an informal social support group through the attendance of parenting classes. Parents were offered the opportunity to continue social supports by agreeing to participate in the Transition Counseling program upon exiting the Family Care Center.

2) Obtain information - find a source of basic information concerning community resources available and how to access these resources.

Action Plan: Use the resource guide developed by the Homeless Coalition for the Homeless that lists all community resources available in Hillsborough County.

3) Understand the meaning of their child's behavior - learn to observe and interpret their child's actions; develop the ability to see things from the child's point of view.

Action Plan: The parents spent time with their children each week in the Childcare. They observed the interactions of the children and the teachers. This allowed the staff to maximize the use of role modeling and this encouraged parent and child interaction.

4) Measure change in the families.

Action Plan: This was done by using The Family Risk Scales. This is an instrument to help measure the effectiveness of preventative services, in that changes in risk status can be measured if the family's risk status fails to improve or actually deteriorates, despite being in the Childcare Center program. The scales then signal the need for additional intervention services for the child. The Family Risk Scale consists of twenty-six individual rating scales, each with four to six levels, that range from adequacy to increasing degrees of inadequacy on the dimension being measured. Each level of the scale is explicitly defined. The narrative descriptions at each level are phrased as much as possible in observable terms, i.e., actual functioning, behavior or environmental situation of family members. The levels of each

scale are written to be mentally exclusive; a parent or child is best described by only one of them.

The Family Risk Scales are generic, i.e., they are intended to apply to the full range of risk situations that can affect families. The scales emphasize parental characteristics and family conditions that are believed to be predictors or precursors of child maltreatment or other harm to children.

This scale was used as a pre and post test in this parenting program. It gave a fairly complete picture of parenting skills and problems. At the end of the classes, it then allowed ways to measure change in the family.

This parenting component consisted of classes on specific parenting issues and support groups in which families could discuss, in detail, their normal child-rearing concerns. The program was staffed by instructors trained in group leadership techniques and knowledgeable about child development and family growth concerns. Changes in the program will continue to evolve in methods over a period of time. It was decided that because of the transience of this population and the problems associated with homelessness that attendance would be required by all parents who utilized the services of our childcare.

The Childcare Center is open from 8:30 to 5:00, five days per week for twelve months per year. The children are present all five days, with their parents being required to attend a minimum of two hours per week. The intended outcome for the clients in the parenting program was that the parents, by having a better

understanding of parenting, discipline, and child development, stop the cycle of problems related to homelessness within that family. The constructs that are usually part of the expectations for the parents were:

a) The understanding of inappropriate/appropriate expectations of children.

b) The ability to be empathetically aware of children's needs.

c) The ability to use positive discipline and to understand what constitutes inappropriate discipline.

d) To not use family role reversals so that the child is expected to be the source of comfort and care for his/her parents.

A timeline for the program implementation was discussed with the teaching and counseling staff at the Family Care Center. In order to clearly present the information, an outline was designed that provided a proposed calendar for the implementation plan.

Implementation Plan

Prior to Week One

1)Meet with staff to discuss the program and begin to pull together the parenting curriculum (Appendix E).

a) These classes will not be lecture format - they must be interactive for this population.

b) Basic needs will be discussed in this curriculum as simplistically as possible.

c) There will be small increments of time included in the curriculum to provide for interactions with parents and children while at the Childcare.

d) The materials that are provided for the children will be provided for the parents as well. Many of these parents have not had these experiences and are very "me" oriented.

2) Provide an inservice training on the use of The Family Risk Scale.

3) Prepare an informational letter (Appendix F) for parents to explain the program to them.

4) Develop a contract (Appendix G) for the parents to sign on entering the program.

5) Procedures will be developed to deal with parents with more serious problems (i.e. referral to the Counselor and from there to the appropriate agency).

Week One

1) Classes will meet each Monday and Tuesday from 3:30 to 4:30 and will be required as a form of payment for using the child-care. Final preparations with the staff will be finalized and handouts and activities will be organized.

2) The letter and contract will be given to parents and parents will be asked to return the contract at the first class.

Week Two

1) The Family Risk Scale will be done on each parent by trained staff.

2) The first class will be held and will involve a personal sharing time. Parents will be encouraged to discuss what

their own childhood was like. The purpose of this first class is to develop a rapport while making the parents aware that others are experiencing the same concerns and problems.

Week Three

1) Monday - Parenting class on Rebuilding Stability for You and Your Child. Parents are shown the importance of planning, consistency and routine. Group discussions will be used to facilitate learning exercises.

2) Tuesday - A fifteen minute interaction with their children in the Childcare will be the first activity. The class will then resume and a discussion will be held to determine how various strategies worked and what needs to be changed.

Week Four and Five

1) These four classes will be provided by Hillsborough County Extension Service and will cover Health and Nutrition. These classes involve hands-on activities, such as cooking, developing menus, and making a grocery list.

Week Six

1) This week will follow the same format as the previous lessons and will cover the Emotional Well-Being of You and Your Child.

Week Seven

1) This week's curriculum stresses Using the Community for You and Your Child.

Week Eight

1) The parent curriculum is Issues of Homelessness and How To Deal With Them.

Week Nine

1) Parent curriculum will stress What Does Home Mean?

Each week will follow the same format. On Mondays the parents will meet with the teachers and have informal class sessions. Tuesdays will involve the brief parent/child interaction and a return to the class for a group discussion on the problems encountered and how they were dealt with.

Week Ten

1) The Family Risk Scale will again be given to see if there are any behavior or attitude changes apparent in the parents.

2) Tuesday a graduation ceremony will be held and certificates passed out to all parents who finished the course.

Chapter 5
Results

Families make up more than one third of all the homeless people in this country. Not only do they have to deal with the concern of being homeless, they have to deal with the lack of family support, fear of violence, an uncertain future, and needless to say, a lack of stability. Because of these and other concerns, a parenting class was implemented at the Family Care Center to help the families deal with not only the issues of parenting, but the other concerns that face them daily.

Action Taken

The parenting classes implemented at the Family Care Center drew information from three models as well as from the literature review. Homelessness presents a unique situation regarding the implementation of programs that has not been dealt with on a consistent level in any community. The first model, the Rainbow Program, deals with a similar population; so many of the modules used for the parenting classes were modified for use with our more transient population. The parenting module developed for Mary-Martha House, another homeless shelter, was also incorporated into the parenting component. The last program that provided help and information for this curriculum was the one used by Hillsborough County Public Schools. These three programs were developed to present to parents over an extended period of time, so the curriculum had to be adapted to fit the needs of the parents at the Family Care Center.

The staff met as a group to decide the most effective way to implement this parenting program. It was decided that involvement in the program would be a requirement for parents who used the Childcare. They had to attend two classes per week. Each of the classes lasted a minimum of one hour and provided an interactive environment for the parents.

An effort was made by the teachers to understand the population with which they were working, and these characteristics were used to add meaning to the curriculum. The lessons and activities used to accomplish this parenting curriculum were divided into sections based upon the objectives. Activities for all four objectives were implemented as the classes developed. The parents were included in all phases of the development of the program. This created a program that the parents wanted and needed, rather than a program that staff wanted.

The first parenting class included use of the observation/rating scales, the pre test, and the event recording of positive parental behaviors. The observation/rating scale (The Family Risk Scale) involved watching a parent at the center and filling out the scale afterward. This scale would then be used again at the end of the parenting classes. This instrument was advantageous because it was designed specifically for "at-risk" families and, therefore, lended itself to progress assessment.

During the first class, the parents were encouraged to interact with their children; and the number of positive interactions were enumerated for each parent. This event recording

was repeated at the end of the parenting classes and a comparison was then made.

The pre-test was an instrument used to determine the parent's knowledge of community resources. A specific class dealt with community resources and how to access them, but these resources were also discussed during other sessions. Because of the problems these parents face and their lack of self-esteem, classes were collaborative. The parents enjoyed a large amount of input, and there were many hands on activities. For example, parents were asked to draw what a home meant to them and explain their picture to the class. This created an emotional time for all involved, but helped them to understand more what their children were experiencing.

Many of these parents have the same needs as their children, and these needs are nurtured and developed during parenting classes. The staff have found that a parent's need to be safe, loved and secure must be met before he/she can provide these same needs to his/her child. Classes very seldom used lectures; a topic was introduced and talked about and then a class discussion followed. Ten minutes of each class were devoted to interactions with their children at the preschool. Class was then resumed and a discussion followed concerning their feelings about being with their children.

Each parent who entered the parenting program, began to develop social support with the teachers as well as the other parents. On exiting the FCC and the parenting program, each parent

was offered a space in the transitional counseling program. Parents were encouraged to continue the parenting classes even after leaving the center.

The parenting classes will be continued on a weekly basis. The transitional counselors will provide support to parents after they leave the program. This will allow the identification of any problems or concerns in the transitional part of the program that can then be addressed on an on-going basis.

Results

Because of the transience of the families and the inability of agencies to track the families, a parenting program that focused on helping parents learn positive approaches to child rearing was implemented. Ten parents participated in the first classes of the parenting program.

The first objective, to increase the ability of families to reach out and access social supports, was measured by observations of staff,the interactions of parents with each other, and the number of parents who entered the transitional program at the end of the classes. The parents began to rely on one another and at the end of the parenting classes, nine of the ten families entered the transitional program. As part of the program the parents would meet with the counselors weekly for the first month and every other week there after. They were also encouraged to continue the parenting classes at the center.

The second objective was to reduce the risk of negative conditions within families. This was measured using questions 7

through 18 from the Family Risk Scale which dealt with parent-centered risk. These questions indicated the various problems in parenting behaviors. The parent-centered risk portion of the Family Risk Scale was used as a summary to determine any improvement after the parenting program. Twelve items were assigned to this portion of the assessment. The numerical ratings (1,2,3, etc.) given to a family on each of the questions were added and divided by twelve (or the number of scales actually rated). This would be the Parent-Centered Risk score for the family. The lower the number, the less the risk. Scales rated "unknown" or "not applicable" for a family member were dropped from the scoring.

The results of the parent's answers to the 12 questions from the Family Risk Scale are shown in Table 1 (see Table 1). The average for all questions of the pre test as compared to the post test was improved from 2.2 to 1.9. Likewise, improvement was shown for each question. Scores for question 7, dealing with the mental health of parents improved slightly from 1.8 to 1.6. Question 8 dealt with the parent's knowledge of childcare. At the end of the course, parents again showed a slight improvement from 2.7 initially to 2.2 upon completion of the course. Question 9 determined the parent's substance abuse. This question was not considered as we did not have that information available. Parent's motivation was the subject of question 10 and scores decreased from 2.7 to 2.2 on the Risk Scale. Question 11 dealt with the parent's attitude toward his/her child's placement out of the home. This score decreased from a 1.1 to a .9. The large majority of our

Table 1

Mean Performance Scales of Parents on the Family Risk Scale

Entering Program

Parent #	Questions 7	8	9	10	11	12	13	14	15	16	17	X 18	Mean
1	1	2	-	2	1	2	2	1	-	-	-	-	1.5
2	2	3	-	3	1	2	3	2	-	-	4	-	2.5
3	1	2	-	2	1	2	2	1	-	-	-	-	1.5
4	1	3	-	3	1	2	3	2	-	-	-	2	2.4
5	3	3	-	3	1	3	3	3	-	4	4	-	3.3
6	2	4	-	5	-	4	4	4	-	-	-	3	3.7
7	1	2	-	1	2	2	2	1	-	1	2	2	1.6
8	2	2	-	1	1	1	2	1	-	-	2	1	1.6
9	2	2	-	2	1	1	2	1	-	2	1	-	1.7
10	3	4	-	5	-	4	4	4	-	4	4	-	4.0
X Mean	1.8	2.7	-	2.7	1.1	2.3	2.7	2.0	-	2.7	2.8	2.0	2.2

Exiting Program

Parent #	Questions 7	8	9	10	11	12	13	14	15	16	17	18	X Mean
1	1	1	-	1	1	1	2	1	-	2	2	-	1.3
2	2	2	-	3	1	1	3	2	-	-	4	-	2.2
3	1	2	-	2	1	1	2	1	-	-	-	-	1.4
4	1	2	-	2	1	2	2	2	-	-	-	2	2.0
5	2	3	-	3	1	2	3	2	-	3	3	-	2.4
6	2	3	-	4	-	3	3	3	-	-	2	-	2.8
7	1	1	-	1	2	1	2	1	-	1	1	2	1.3
8	2	2	-	1	1	1	2	1	-	-	2	1	1.6
9	2	2	-	1	1	1	2	1	-	1	1	-	1.5
10	3	3	-	4	-	3	4	3	-	4	3	-	3.3
X Mean	1.6	2.2	-	2.2	0.9	1.6	2.5	1.7	-	2.2	2.2	1.6	1.9

parents have no plans to provide out-of-the home placement. Question 12 concerned parent cooperation, or how they worked to reach their goals with staff. This question showed one of the greatest measures of improvement with parents scoring 2.3 on the first evaluation and 1.6 on the final assessment. Question 13 concerned preparation for parenthood (parents who were expecting). On the first assessment parents scored 2.7 while they scored 2.5 at the end of the parenting program. Supervision of children under age 10 was the subject of question 14, and parents scored 2.0 initially and 1.7 upon completion of the course. Question 15 concerned parenting skills with children ages 10 and up. This question was omitted as this program was developed to work specifically with parents of pre-school children. The appropriate use of physical punishment was the subject of question 16, and the parents improved from a score of 2.7 at the beginning of the course to 2.2 upon completion of the course. Question 17 assessed the appropriate or inappropriate use of verbal discipline. Parents scored 2.8 in the initial assessment and 2.2 on the final assessment. The final question examined, question 18, dealt with the emotional care of the child. On entering the program, the mean score was 2.0. Upon completion of the program, the score was 1.6. Although these numbers do not show large quantitative changes consistently, they do show improvements.

The third objective was to increase the knowledge of community resources available to families and to increase their knowledge on how to access these services. This was done using a pre and post

test as shown in Table 2. The results of the pre survey showed that only 48% of the parents knew how to access services while 52% did not know how to access community resources. The post test was given at the end of the parenting program. The results showed that the parents' knowledge increased as shown in the table below.

Table 2

Percent of Parents Who Know Specified Resources

Questions	Pre Test	Post Test
If you have problems paying your bills, who do you contact?	60%	80%
If you need emergency food, who do you contact?	70%	100%
Do you know how to find inexpensive child care?	30%	100%
If you need rental assistance, do you know where to apply?	30%	100%
If you or a family member need someone to talk to, do you know who to contact?	50%	100%

The final objective was to increase the number of times parents interact in a positive manner with their children. Five observation events were used to determine the change in parental

behaviors. The teachers observed each parent as they interacted with their child(ren) for a five-minute time period. Positive interactions were counted with tally marks. Statement 1, makes eye contact with the child and smiles went from 39 positive interactions to 50 interactions by the end of the classes. Plays with the child doubled from eight positive interactions to 16 positive interactions by the end of the course. The teachers recorded 23, gentle with the child, observations at the beginning of classes. This number increased to 37 by the end of the parenting program. Uses a soft voice with the child more than doubled. At the beginning of the sessions, teachers observed 12 positive interactions. By the end of the program, teachers recorded 29 positive interactions. The last statement, redirects the behavior of the child tripled in positive interactions. At the beginning of parenting classes, teachers observed two positive interactions while at the end they observed six. These results are shown in Table 3 using a baseline measurement. Teachers found that by the end of the course there were more positive interactions between parent and child.

Table 3

Event Recording of Positive Parental Behaviors

Questions	Before Training	After Training
Makes eye contact with the child and smiles.	37	50
Plays with the child.	8	17
Is gentle with the child.	23	34
Uses a soft voice with the child.	12	28
Redirects behavior of the child.	2	6

Summary

The parenting classes developed for the shelter can be seen as a positive tool for the parents. Although the various instruments do not show large quantitative changes, they do show improvements. Due to the transience of the population and the short amount of time the staff have to work with the parents, this parenting program has shown the potential to effect some changes in parenting behaviors.

Chapter 6
Conclusions

The parenting component that was implemented at the Family Care Center Childcare Center recognized that problems faced by homeless families are multifaceted. The Childcare Center was not able to address all of these problems, but the parenting classes addressed many of the issues as well as making the parents aware of other community resources. This program provided a structured and mutually supportive atmosphere for the parents and encouraged parent participation of a variety of levels and through a wide range of activities. These parents were under a great deal of stress. Most of them were young and needed parenting and nurturing themselves. This program provided these needs as well as a place they could come together in their own space and receive some of the support they needed. It was a place they could relax and talk with staff and other parents.

There was progress towards all of the program objectives implemented in this study. The ability of the families to access social support was shown by the number of parents who entered the transitional counseling program (nine out of ten families). The Family Risk Scale predictors, which dealt with parent-centered risk, showed a slight improvement on all of the questions scored. Because of the time constraints, this was considered a positive sign. Based upon these results, a longer period of time for these classes would probably enhance these results even more. By the end of the classes, most of the parents were aware of community

resources or how to find and access them. The last objective, positive interactions, also showed an improvement rate.

The results of this parenting program showed that knowledge and support to these parents could enhance their parenting skills. Many of these parents had major misconceptions in the areas of child development and basic child care. This program provided supportive, educational classes in these areas. As stated earlier, "Research has shown that supports foster the integrity of children, and that they improve both mental and physical health" (Zigler and Weiss, 1985, p. 168)

The lack of skill and knowledge concerning childcare increased the fear and stress in the families. Because of these fears, many times the families choose to "do nothing". These parenting classes were required, but many of the parents were initially angry at having to attend them. Staff found though, after several classes, the parents enjoyed the classes. They took ownership of the classes and felt they could voice their fears and frustrations openly with-out concern of censureship. "Both service providers and family members bring to the relationship unique knowledge and skills" (Fenichel and Eggbeer, p. 9, 1990). The parents brought the reality of their situation and environment to the classes. This make it necessary for the educators to not only be knowledgeable about each individual situation, but to incorporate this knowledge into the parenting classes to make them pertinent to these parents. These parents felt that their parenting needs could

be discussed safely while they received some tools on how to function better (Briar, 1989).

One unexpected result was the bond that formed between the parents and the staff. The parents in the classes became more cooperative with all the staff at the FCC and developed close ties to the teachers. Many of the parents came to classes whether their child was in childcare that day or not. The staff showed the parents the respect, concern, and comfort they needed at this point in their lives. In considering the child's adaptation to the childcare environment, the parents were included. These methods increased the parent's self-esteem and allowed them to become the expert concerning their child. These positive experiences created the partnership of parent and teacher.

A Look To The Future

These parenting classes will continue as they have proved to be an effective approach to supporting as well as teaching parents positive parenting techniques. The parents will enter the parenting program on an ongoing basis due to the turnover and transience of the families at the FCC. Again, these classes are mandatory, so all parents using the childcare must attend as long as they live at the shelter. The classes provided training that was relevant to the parents' needs, while incorporating the activities to fit their schedules and daily routines. The flexibility of the program provided the parents the chance to add their input and collaborate with the staff. There was also a strong

respect for the parents and their ideas which increased the desire of the parents to attend the classes.

Parents will be encouraged to continue to attend the parenting classes after they have left Fcc. If they do not have transportation, they will be given bus passes or picked up by the Ministry van. Parents will also be encouraged to provide support to the new parents just entering the program. The development of a parent support group will be implemented to provide support in addition to that of the transitional counselor.

Finally, the staff will continue to work with other agencies that deal with a similar population. Improvements will be made and parenting units better developed to meet the needs of these families. Training classes in child/family relationships, developing more opportunities to learn about each individual's circumstances, and experiences designed to understand how their own experiences affect the families will be provided. This will be done through the use of classes, videotapes and discussions, and practical experiences. The parents living at the FCC struggle daily with overwhelming demands. A goal that our teachers should strive for continually is to involve the parents in positive ways, individually and flexibly, so that the parenting classes doe not become another burden for them to deal with. This program has done this, but it must be a continual effort of staff in order to assure the growing success of the program.

These parenting class modules will be shared with other organizations in the Hillsborough County region to enhance

collaboration among agencies. Some workshops on teaching parenting classes to this "at risk" population will be implemented and shared with agencies in this area. Any problems or concerns that arise will be dealt with in the program so that our clientele is served more effectively and appropriately.

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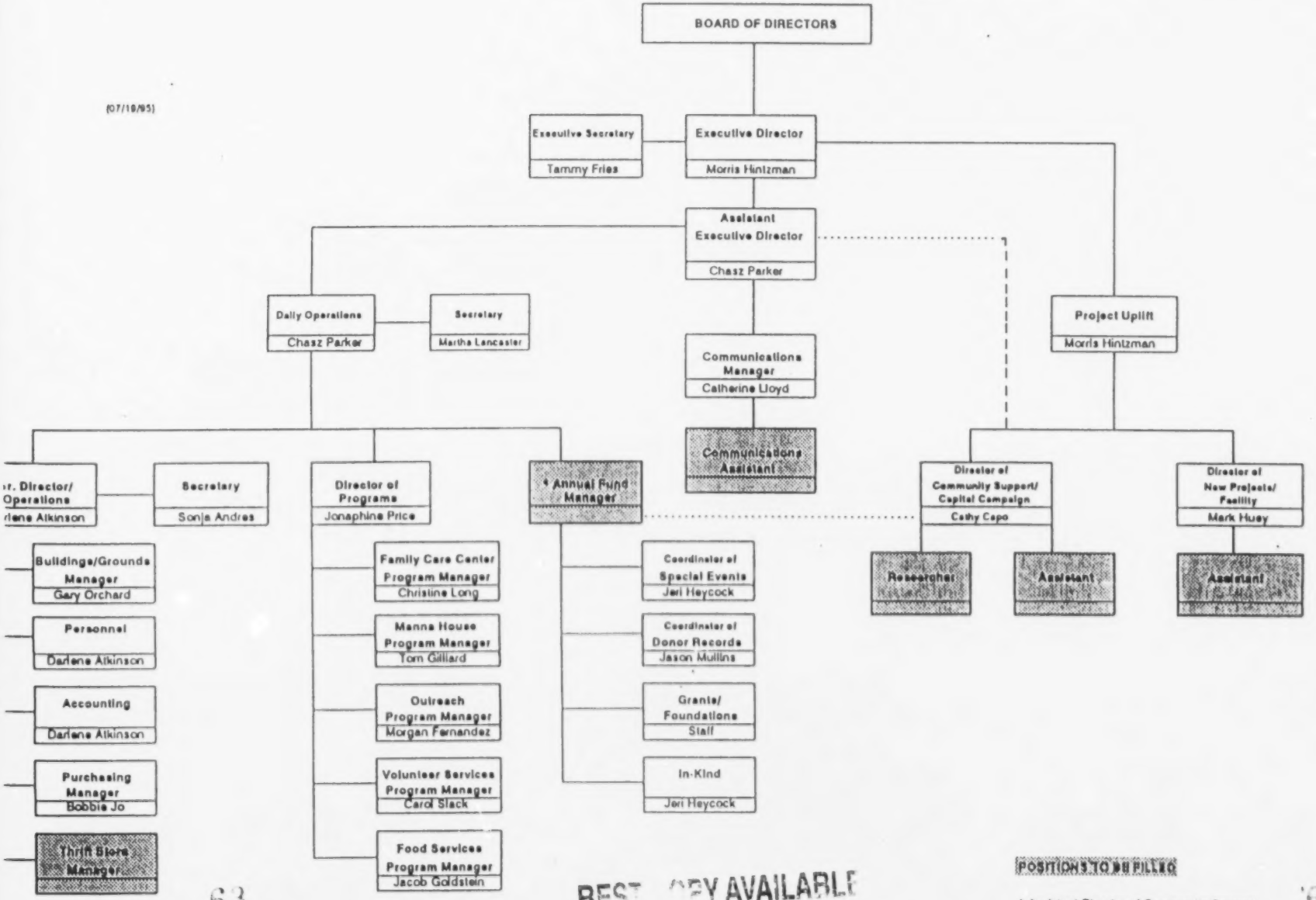
APPENDIX A

Organizational Chart of Metropolitan Ministries

METROPOLITAN MINISTRIES STAFF

(07/19/95)



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POSITIONS TO BE FILLED

* Assistant Director of Community Support

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APPENDIX B

The Family Risk Scale

Rating Form for Family Risk Scales

Family Identifier: _____ Date Case Opened: _____

Person Completing: _____ Date Case Closed: _____

Date Completed: _____

Family

1. Habitability of Residence
2. Suitability of Living Cond.
3. Financial Problems
4. Adult Relationships
5. Family's Social Support

Caretakers

Primary Secondary

6. Parent's Physical Health
7. Parent's Mental Health
8. Knowledge of Child Care
9. Parent's Substance Abuse
10. Parent's Motivation
11. Attitude to Placement
12a. Parental Cooperation
13a. Prep. for Parenthood (Adult)

Children

1 2 3 4 5 6

14. Supervision Under Age 10
15. Parenting Age 10 and Up
16. Physical Punishment
17. Verbal Discipline
18. Emotional Care Under Age 2
19. Emotional Care Age 2 and Up
20. Physical Needs of Child
21. Sexual Abuse
22. Child's Physical Health
23. Child's Mental Health
24. School Adjustment
25. Delinquent Behavior
26. Home-Related Behavior
12b. Child's Cooperation
13b. Prep. for Parenthood (Child)

(Write comments on reverse)

APPENDIX C

Pre and post Test to Determine Community Knowledge of Resources

Pre and post Test of Knowledge of Community Resources

1) If you have problems paying your bills, do you know who to contact? Yes or No

2) Do you know how to find inexpensive child care?

Yes or No

3) If you need emergency food, do you know who to contact?

Yes or No

4) If you need rental assistance, do you know where to apply?

Yes or No

5) If you or a family member need someone to talk to, do you know who to contact? Yes or No

APPENDIX D

Event Recording of Positive Parental Behaviors

Event Recording of Positive Parental Behaviors

1) Makes eye contact with the child and smiles.

2) Plays with the child.

3) Is gentle with the child.

4) Uses a soft voice with the child.

5) Redirects behavior of the child.

APPENDIX E

Parent Curriculum

PARENT CURRICULUM

FCC CHILDCARE CENTER

The parent curriculum is based on many different approaches. The following is a list of written materials that are used with the parents in conjunction with lectures, field trips, parent/child inter-action, and the clients counseling in a group with the Co-ordinator of Childcare and the Supervisor of Children's Programs. Each of the materials are very simply written and are easily followed by the parent.

1. A.G.S.: The Early Childhood S.T.E.P. Program
2. NUTRITION FOR FAMILIES: Program provided by the County Extension Service.
3. A.G.S. SMALL WONDER KIT: Parent/child interaction program.
4. The Bowden Parenting Method: Good Words to Use With Children.

APPENDIX F

Welcome Letter

WELCOME MOMS AND DADS

The staff at FCC Childcare Center is looking forward to having you and your children in our program. This will be a new and different experience for all of you. It may be exciting and confusing plus adding change to your lives. Change is very hard for most of us. For children, change is even harder. We at the Childcare Center are sensitive to this and want to help you ad your children adjust to our setting and routine. Routine is an important part of how we do almost everything at the Childcare Center. Routine means doing certain things over and over again daily. This helps children and people feel secure and safe because they get a lot of practice at doing something and get good at it. They then begin to feel good about themselves. Routine also gives us a feeling of belonging. At the Childcare Center, we are like a family and everyone has a part to do. Sometimes these routines are changed a little for a special activity or because their is a situation where it is necessary. You will always be made aware of these situations.

Again, welcome and feel free to meet with any of the staff with concerns or questions.

APPENDIX G

Parent Agreement

FCC Childcare Center

Parent Agreement

As a parent in the FCC Childcare Center program, I agree to: Attend the Parent Support Classes two hours a week and send the children Monday through Friday. I understand that I will be given a reminder the first time I miss one of my scheduled days. Any time a day is missed, you need to let the Co-ordinator know why and make arrangements to make up the missed day. A written warning will be given for the second missed day. Anyone missing a third day will no longer be in the program.

I understand that I must complete the course before I will receive my Graduation Certificate. I will take an active part in the learning process and I will complete daily activities with my children.

I have read the parent's contract and understand my responsibilities at the FCC Childcare Center.

_____ _____

Parent's Signature Date

_____ _____

FCC Childcare Co-Ordinator Date